



DEPARTMENT OF THE AIR FORCE
UNITED STATES AIR FORCES

MEMORANDUM FOR RETIREMENT/SEPARATION PERSONNEL

FROM: 78 CPTS/FMFS
236 Milledgeville St, Ste F26
Robins AFB, GA 31098

SUBJECT: Retirement and Separations Informational

1. **FINAL PAY:** This is your last paycheck you will receive for your active duty service and will include pay and allowances and accrued leave (if applicable).

Final pay will **NOT** be processed through the normal Direct Deposit system; it is a payment that is produced manually through the base finance office. You should receive your final pay within 10 business days after your retirement or separation date. **In the case there is a problem with your record, your payment will be delayed until the system has been corrected.** Unless you have directed otherwise, the payment will be sent to the same account where you normally receive your Active Duty pay. If you would like the payment to go to a different account, please provide us with a SF 1199A (direct deposit form).

2. **FINAL LES:** The last LES you will receive will show \$0.00 for EOM pay or MM pay, depending on your DOS. It will also show in the deductions an amount under the Status Det (this is your ESTIMATED final pay). The estimate is computed by DFAS prior to your DOS. You should receive your final LES approximately four-six weeks after your DOS. This LES will show a breakdown of how your final pay was computed and will be mailed to the Future Mailing Address you provided to your Military Personnel Flight office (MPF).

Note: Once you retire, you will only receive one Retired Pay Statement per year unless you make a change to your account. Retirees are paid on the first business day of each month. Direct Deposit is mandatory.

3. **PERMISSIVE TDY AND/OR TERMINAL LEAVE:** All members retiring are authorized permissive TDY. The only separating members authorized permissive TDY are RIF Officers, High-Year tenure, and VSI/SSB recipients. Permissive must be authorized on your orders.

Permissive TDY is only used for house and/or job search per AFI 36-3003, Table 7, Rule 4. A member is authorized up to 20 days of permissive TDY. Permissive TDY can be taken in increments, in conjunction with terminal leave, or up to and including your DOS. However, if you are taking PTDY and Terminal leave, the PTDY must be taken before the Terminal leave.

Note: You cannot take successive Monday through Friday permissive TDYs without including the weekend.

Terminal leave is your last leave on active duty and should be taken up to and including your DOS. Terminal leave cannot exceed what your leave balance will be on your DOS.

- Permissive TDY and terminal leaves must be submitted **through LeaveWeb**. Approved by your Commander and then authorized by Finance. PTDY and terminal must be input separately and not more than 30 days from your being dates (terminal can be input up to 60 days prior to start date). For your convenience, **upload your separation/retirement orders** to your terminal (PTDY if not taking terminal) leave in LeaveWeb.

Note: The AF Form 988(s) must be signed by the individual's unit Commander per AFI 36-3003 THROUGH LEAVE WEB. Leave numbers will be assigned NET 14 calendar days prior to the start of Permissive TDY or Terminal Leave. You do not have to bring hard copies of your leave forms. They just have to be approved by your Commander in Leave web when coming to your Finance appointment.

4. **LEAVE VERIFICATION LETTER:** The Leave verification letter is used to verify all types of leave taken within the last 60 days of your DOS or prior to the start of permissive TDY and/or Terminal leave. This form must be completed by your unit leave monitor and signed by the Commander. Projected dates for permissive TDY and Terminal leave must be completed on this form. Finance personnel will assign Permissive/Terminal leave numbers once we receive the completed leave verification letter. **Finance will reschedule your appointment if letter is NOT signed by Commander.****

Note: Un-Posted leaves will cause debts.

5. **LEAVE SETTLEMENT:** You can only be paid 60 days TOTAL leave during your military career. **Example:** If you have sold 30 days upon a reenlistment, you are still eligible to sell up to 30 additional days, totaling to 60 days sold in your career—**25% Federal taxes** will be deducted from the total. Leave is payable at the daily rate of your basic pay. To get this rate, divide your monthly basic pay by 30 days to get the daily rate; multiply the daily rate by the number of leave days you are eligible to sell back to get the total amount of your leave settlement.

For members who have **SAVED PAY LEAVE** (leave accrued as of 31 Aug 1976, less any leave deducted since 1 Sep 1976), payment will also be included in your final pay. To be paid for Saved Pay Leave, you must have ordinary leave to sell back, equal to or more than your saved pay leave balance.

Saved Pay Leave is payable at the daily rate of your basic pay, BAH II, and BAS. To calculate the rate, divide your monthly basic pay by 30 days to get the daily rate for your base pay. Divide your monthly BAH II rate by 30 days. Divide your BAS by 30 days. Add the totals from your daily base pay rate, daily BAH II rate, and daily BAS rate. Multiply this number by the number of leave days you are eligible to sell back to get the amount of your leave settlement for Saved Pay Leave—**25% Federal Taxes** will be deducted from the total of your base pay.

6. **BASIC ALLOWANCE FOR HOUSING:** If you take permissive TDY and/or Terminal leave, you are authorized to receive BAH if you are not assigned to Military Family Housing (MFH) or the dormitory during your period of leave. If you are assigned to MFH or the dormitory, you must submit a signed AF Form 594 from the MFH office to finance to start your entitlements. The AF Form 594 will include the date you terminated residence in MFH or the dormitory—this is the date you are entitled to receive BAH. Form must be filled out prior to out-processing appointment with Finance.

7. **ALLOTMENTS:**

Separatees: Your allotments will be paid through your last **FULL** month of active duty. If you separate after the fifteenth of the month, your mid-month pay will indicate a deduction for your allotments; however, the amount will be refunded in your final pay.

Retirees: All of your allotments, with the exception of charity, TSP, SGLI, and Met Life allotments, will transfer to your retired pay. Changes to your allotments must be made NLT 30 days prior to your retirement date to affect your active duty pay. After you retire, you may start, stop, or make changes to your allotments any time. **Insurance allotments cannot be started after retirement.**

8. **TAXES:** We will tax your final active duty pay as normal from the tax tables provided by the IRS (this includes Social Security, Medicare, and Federal Withholding). State tax will be taken out for the entire month, regardless of your DOS (if applicable). Accrued leave is considered as a onetime payment and is taxed at 25% for Federal and your state tax percentage, if applicable.

Note: Once you retire, Social Security and state tax will not be withheld from your retired pay. If you decide to have state tax withheld, you must decide on a set dollar amount (The amount must be a minimum of \$10.00 and can be increased in \$5.00 increments.) **The deduction may be started by completing the required forms during your Survivor Benefits briefing or via MyPay once your Retirement Pay Account has been activated.**

9. **OUTSTANDING DEBTS:** All debts on your record at the time of separation will be satisfied with all available funds in your military pay account. However, if the FSO is aware of a debt, the repayment will be accelerated to satisfy as much of the debt as possible before your DOS. If you anticipate having a debt(s) that may not be satisfied by your DOS, you are advised to make arrangements to satisfy the debt(s).
10. **W-2:** You will receive your active duty W-2 at the beginning of the calendar year. If you do not receive your W-2, you may access MyPay via <https://mypay.dfas.mil/mypay.aspx> or call our Centralized Customer Support Unit toll free at 1-888-DFAS411 or DSN 580-5096, and press #5 for MyPay. The hours of operation are 7am - 6:30pm Eastern, Monday-Friday.
11. **MONTGOMERY GI BILL:** See the education office for documentation. Lump sum payments must be made by a cashier's check, money order or deduction from final pay. Notify the Education Office before your DOS enrollment. Payment will not be accepted after DOS.
12. **TSP:** Your TSP will stop a month prior to your DOS. Please inform the Financial Services Technician briefing you if you would like to make a final payment to your TSP account.

13. **FINANCE RETIREMENT/SEPARATION OUT-PROCESSING:**

78 CPTS/FMFS Customer Service: Appts only Mon - Thur 0900-1030
DSN: 468-4022 to make appts Short notices walk-ins only

14. **RETIRED PAY INQUIRIES:** For any questions concerning your separation, please call 478-926-4022; email the separation and retirement section at finance@robins.af.mil. The **78 CPTS/FMFS** does not compute retirement pay. A retired pay estimate can be obtained via the **AFPC Retired Pay Calculator** located at <http://www.dod.mil/militarypay/retirement/calc/index.html>. The Air Force Retiree Services site is located at <http://www.retirees.af.mil/>.

Retired and Annuity Pay Contact Pay Center: 1-800-321-1080 or (216) 522-5955

15. **RETIREMENTS AND SEPARATIONS TRAVEL ALLOWANCE INFORMATION:**

Travel is authorized from the permanent duty station to the home of selection for retirement. Travel is authorized for the place of enlistment for separates.

Travel time for POV is determined from the official distance between the ordered points. One day of travel is allowed for each 350 miles of the official distance with an extra day allowed from a remainder of 51 or more miles. If a commercial carrier is used (i.e. airplane, rail, or bus), the actual fare paid must be claimed in block #16 of the travel voucher. Expenses will be reimbursed not to exceed the government rate for the same

mode of transportation. The use of two POVs is authorized for military personnel; this must be annotated on the front of the travel voucher

MILEAGE RATES

Member or spouse alone	\$.23/mile
Two authorized travelers	\$.23/mile
Three authorized travelers	\$.23/mile
Four or more authorized travelers	\$.23/mile

PER DIEM RATES

Member	\$123.00 per authorized day
Spouse and family member 12 yrs. and older (75%)	\$92.25 per authorized day
Family members under 12 yrs. Old (50%)	\$61.50 per authorized day
Spouse traveling non-concurrently	\$123.00 per authorized day

Note: Family member's per diem rate will be determined by the age of the individual on the effective date of the member's travel.

Dislocation Allowance (DLA) and Temporary Lodging Expense (TLE) are not payable for Retirement or Separation travel.

Retiring members have one year from the date of Retirement for completing a move to your home of selection. Contact your nearest Travel Management Office (TMO) for guidance of a possible extension. Separates have 180 days from the date of separation to complete your move. Your travel entitlement will be limited to your home of record.

Note: We are unable to pay your entitlements for retirement/separation travel until after your DOS.

You may submit your travel voucher once you complete your move. Dependents that travel separately from the member must file a separate DD Form 1351-2 (Travel Voucher). The voucher must be in the member's name and signed by the member. You must use the May 2011 version. A copy of your orders must accompany your 1351-2 (<http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd1351-2.pdf>).

On the DD Form 1351-2, Travel Voucher, one of the following statements must appear:

- A. I certify that my dependents (list names, relationship to the member, and their birth dates) did travel with me.
- B. I certify that my dependents (list names, relationship to the member, and their birth dates) did not travel concurrently with me. This claim is for dependent travel only.
- C. I certify that my dependents did not travel concurrently with me. This claim is for member only.

Please send your completed 1351-2(s) to:

Email

finance@robins.af.mil

Attn: 78 CPTS Ret/Sep Section

236 Milledgeville St, Ste F26

Robins AFB, GA 31098



SEPARATION/RETIREMENT COVER SHEET

Send Date: _____

SSN: _____ Name: _____

Rank: _____ DOS: _____ Order # _____

FINANCE TECHNICIAN TO COMPLETE BELOW PORTION

1. Does the member have any funds in suspense in RTS or DTS? Yes / No

** ALO Signature ** _____

If yes, list travel order number(s) _____

2. Does the member have any open debts on MMPA? Yes / No Check @ DOS Yes / No

If yes, list debt FIDs _____

3. Does the member have any open CMS cases? Yes / No Check @ DOS Yes / No

If yes, list CMS case number(s) _____

4. Added to vMPF list on (date) _____ by (initials) _____

5. Status _____ to _____

6. Appointment Date _____

Attached documents (initial each item or annotate N/A):

_____ Retirement/Separation Order (and Port Call order if applicable)

_____ Leave Form Part I signed by commanding officer and member technician (Ensure leave request(s) has been input in Leave web prior to appointment and signed by Commander)

_____ Finance memorandum signed by commanding officer and member

_____ Disposition of Final Pay memorandum signed by member

_____ Address change memorandum signed by member

_____ AF Form 594 signed by member and certified by FSO

** Ensure DOS is correct on each form/memorandum and verify date on MMPA**

PRIVACY ACT 1974 THIS MEMO CONTAINS INFORMATION WHICH MUST BE PROTECTED IAW DOD 5400.11R AND IS FOR OFFICIAL USE ONLY (FOR INFORMATION CONTAINED WITHIN THIS REPORT IS PROTECTED BY PRIVACY ACT 1974 AND IS FOR OFFICIAL USE ONLY).



DEPARTMENT OF THE AIR FORCE
78th Air Base Wing (AFMC)
Robins Air Force Base Georgia

MEMORANDUM FOR UNIT COMMANDER

FROM: 78 CPTS/FMF

SUBJECT: Pending Separation/ Retirement AND Terminal Leave Data-ACTION MEMORANDUM

1. _____ SSN _____, assigned to your unit is scheduled for separation/retirement on _____. Member indicated the following:

___ Member does not intend to take terminal leave in conjunction with separation/retirement. Please complete 1st endorsement and return to 78 CPTS/FMFC upon final out processing.

___ Member intends to take terminal leave in conjunction with separation/retirement, and received a terminal leave briefing. Based on current leave balance and date of separation, member will have _____ days and if granted, must be approved by unit commander. Ordinary leave should not be granted during the member's final 30 days of service to avoid possible indebtedness at separation/retirement. *Please instruct member to hand carry a copy of approved AF Form 988 Parts II, and III to his/her out processing briefing at MPF/Separations.*

Financial Services Technician _____ Date _____

2. Member must contact Military Pay at DSN 468-4022, 30 days prior to permissive or terminal leave start date to schedule an out processing appointment. **Failure to do so can impact your terminal and permissive leave dates.** This is a Military Appointment and all members must be in uniform for the prescribed appointment. Failure to do this will require member to reschedule.

3. Member must have Permissive/Terminal leave request input in Leave web and approved by Commander.

4. Whenever a member is leaving the service, it is imperative that 78CPTS/FMF be advised of outstanding leave (leave taken or to be taken, not yet charged); outstanding disciplinary actions (Government Property Lost or Damaged (GPLD), fines, forfeitures, Articles 15s); outstanding debts associated with clearing base housing prior to date of separation, to include expense of having quarters cleaned in lieu of passing final inspection.

5. In accordance with DFAS and HQ AFMC directives, every avenue must be explored to reduce separation indebtedness. For that reason, final release of pay and allowances at separation/retirement will be withheld pending receipt of attached 1st Endorsement. Your prompt processing of this data will facilitate final pay settlement for your personnel. POC for separation/retirements is SrA Monique Mata, 468-4022.

//signed//

JEFFREY MCCLAIN, USAF
Chief, Customer Service
78th Comptroller Squadron

1st Endorsement, Unit Commander

TO: 78 CPTS/FMFC

I (have) (have not) approved terminal leave. AF Form 988 for approved terminal leave effective _____ thru _____.

Review of Unit Leave Log (AF Form 1486) indicated (no outstanding leave) (member took the following leave during the past 30 days). From (start date) _____ to (end date) _____.

There (are) (are not) outstanding disciplinary actions, i.e., GPLDs, fines, forfeitures, or Articles 15s to be considered in final payment. Please list if there are any.
_____.

There (are) (are not) outstanding debts to base activities (i.e., bad checks, club bills, Education Office, etc.) for consideration in final payment. Please list if there are any.
_____.

Member (has) (has not) cleared base housing, to include the final inspection of quarters.

We will advise you of any subsequent changes to this letter.

(Unit Commander's Signature and Title) (Date)

2nd Endorsement, 78 CPTS/FMFC

To: _____
(Member's Name)

I certify that I have read this letter and fully understand all of the requirements set forth by this letter. I also fully understand that if I take any leave after my appointment with Military Pay, it will affect any terminal leave I wish to take and could place me in an excess leave status which may cause a debt.

(Member's Signature)

DISPOSITION OF FINAL PAYMENT

NAME: _____

SSN: _____

DOS: _____

I REQUIRE MY FINAL PAYMENT TO BE DEPOSITED TO MY CURRENT
FINANCIAL INSTITUTION: YES NO

IF "NO" PLEASE PROVIDE ALTERNATE FINANCIAL INSTITUTION:

Name: _____

Routing #: _____

Account #: _____

Account type: Checking Savings

SIGNATURE: _____

DATE: _____

TO BE COMPLETED BY FINANCE PERSONNEL ONLY

_____ Was E503 processed to member's record? Yes / No (date) _____

_____ If no, CMS case # _____ opened on (date) _____

_____ E503 processed on (date) _____

PRIVACY ACT 1974-THE MEMO CONTAINS INFORMATION WHICH MUST BE
PROTECTED IAW DOD 5400.11R, AND IS FOR OFFICIAL USE ONLY (FOR
INFORMATION CONTAINED WITHIN THIS REPORT IS PROTECTED BY PRIVACY
ACT-1974 AND IS FOR OFFICIAL USE ONLY).

**PLEASE PROVIDE AN ADDRESS WHERE YOU CAN BE CONTACTED
AFTER RETIREMENT/SEPARATION.**

NAME: _____ **SSN:** _____

Date of Separation (DOS): _____

ADDRESS: _____

PHONE: Home: _____

Work: _____

Cell: _____

Email: _____

SIGNATURE: _____

DATE: _____

PRIVACY ACT 1974-THESE MEMOS CONTAIN INFORMATION WHICH MUST BE
PROTECTED IAW DOD 5400.11R, AND IS FOR OFFICIAL USE ONLY (FOR
INFORMATION CONTAINED WITHIN THIS REPORT IS PROTECTED BY
PRIVACY ACT-1974 AND IS FOR OFFICIAL USE ONLY).

APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION

AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397

PRIVACY ACT STATEMENT

PURPOSE: To start, adjust or terminate military member's entitlement to BAQ

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ

PART A - IDENTIFICATION & DUTY LOCATION

* 1. NAME (Last, First, MI)		
* 2. SSN	3. GRADE	4. PHONE
* 5. DUTY LOCATION (Base, State, ZIP Code or Country)		

HOUSING OFFICE or BILLETING OFFICIAL

NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____	
ADEQUATE QUARTERS EFFECTIVE DATE: _____	<input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # _____
INADEQUATE QUARTERS EFFECTIVE DATE: _____	<input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # _____
TRANSIENT QUARTERS OCCUPIED - UNIT # _____	
EFFECTIVE DATES FROM: _____ TO: _____	
TITLE _____	
SIGNATURE _____	
DATE _____	

PART B - MARITAL/DEPENDENT STATUS

* 6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: _____	
<input type="checkbox"/> DIVORCED _____ (Date)	<input type="checkbox"/> LEGALLY SEPERATED _____ (Date)

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR ☐ \$ _____ .00 PRE MONTH FOR DEPENDENT SUPPORT
 BASED ON: a. ☐ DIVORCE DECREE b. ☐ COURT ORDER c. ☐ LEGAL SEPARATION AGREEMENT, OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

* 8. I ☒ CLAIM BAQ FOR THE DEPENDENT ☐ IN ☐ NOT IN MY CUSTODY LISTED BELOW (Effective Date): _____
Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)

(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION

PART C - MEMBERS CERTIFICATION (For members with dependents)

☒ I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport

CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)

I certify that this is my first application ☐ YES ☐ NO If no, give date your last application was filed. _____

I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

* MEMBER'S SIGNATURE <div style="border: 1px solid black; padding: 5px; width: 100%;">SIGNATURE</div>	DATE
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OFFICIAL USE ONLY

<input type="checkbox"/> START	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL	<input type="checkbox"/> REPORT	<input type="checkbox"/> STOP	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> WITHOUT DEPENDENT	<input type="checkbox"/> WITH DEPENDENT
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DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being

☐ Spouse ☐ Single member claiming legitimate child in custody of another ☐ Legitimate child in single members custody ☐ Parents ☐ Stepchild

☐ Adopted Child ☐ Incapacitated Child ☐ Illegitimate child or ☐ Child, member to member marriage

☐ I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here _____

☐ I have reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside off base.

TITLE OF CERTIFYING OFFICIAL	SIGNATURE <div style="border: 1px solid black; padding: 5px; width: 100%;">SIGNATURE</div>	OFFICE ADDRESS	DATE
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TRAVEL VOUCHER OR SUBVOUCHER						Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.									
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.										\$ 0.00			
2. NAME (Last, First, Middle Initial) (Print or type)				3. GRADE		4. SSN		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA							
6. ADDRESS. a. NUMBER AND STREET				b. CITY		c. STATE		d. ZIP CODE		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER					
7. DAYTIME TELEPHONE NUMBER & AREA CODE										8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		c. PAID BY 78 CPTS/FMFS 236 Milledgeville st. Suite F26 Robins AFB, GA 31098-1616	
11. ORGANIZATION AND STATION										12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		d. COMPUTATIONS DOS: # of POV's:	
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)										e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed 0.00 (10) Amount Due					
15. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) c. MEANS/MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILES															
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER										17. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS					
18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED															
19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS															
20. a. CLAIMANT SIGNATURE b. DATE															
c. REVIEWER'S PRINTED NAME d. SIGNATURE e. TELEPHONE NUMBER f. DATE															
21. a. APPROVING OFFICIAL'S PRINTED NAME b. SIGNATURE c. TELEPHONE NUMBER d. DATE															
22. ACCOUNTING CLASSIFICATION Phone: (478-926-4022 or DSN 468-4022)* Email: finance@robins.af.mil (include front and back of orders)* Do you wish to send this disbursement to your last military pay account? YES NO If no, please complete & attach an FMS 2231 form (you can Google form)															
23. COLLECTION DATA															
24. COMPLETED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)				28. AMOUNT PAID					

How to attach a document to your leave request.

Log into leave web, after you create and sign your leave request, click on Profile click the Edit Pencil next to your leave.

LEAVEWEB

Staff Sergeant Jeannie Hartman

SSN: [redacted]
 Service Air Force: [redacted]
 Unit: 78 CPTS
 Email: jeannie.hartman@us.af.mil
 Phone: 497-9392
 Section: FMF

Current Leave: 32.0
 Use/Lose Balance: 0.0
 Available ETS: 115.5
 Last Updated: 26 Feb 2013 - System Administrator

Open Leave: [Link] [Link] [Link] [Link] [Link] [Link] [Link]

Edit	Entered	First	Last	Type	Status	Leave
[Pencil]	26 Feb 2013	25 Mar 2013	27 Mar 2013	A - Ordinary	Pending Approval	

On the right, click Add remark/attachment next to request history.

LEAVEWEB

View Leave Request

Request Information

Type: A - Ordinary
 Status: Pending Approval
 Leave #: [redacted]
 Member: Staff Sergeant Jeannie Hartman

Leave Balance (at time of request): Balance 30.5, ETS 115.5, Use/Lose 0.0
 Entered Date: 26 Feb 2013
 Entered By: Staff Sergeant Jeannie Hartman (jeannie.hartman@us.af.mil) 497-9392

Request History - Add remark/attachment

Requested: 26 Feb 2013 13:07 EST
 Staff Sergeant Jeannie Hartman
 jeannie.hartman@us.af.mil
 497-9392

Remark - (2)
 14 Mar 2013 15:13 EST
 Staff Sergeant Jeannie Hartman
 jeannie.hartman@us.af.mil
 497-9392

Verify Signatures

Leave Status	First Day	Last Day	Return Date
25 Mar 2013 00:00 EST	25 Mar 2013	27 Mar 2013	27 Mar 2013

Leave Area: CONUS

Click magnifying glass to search for your document.

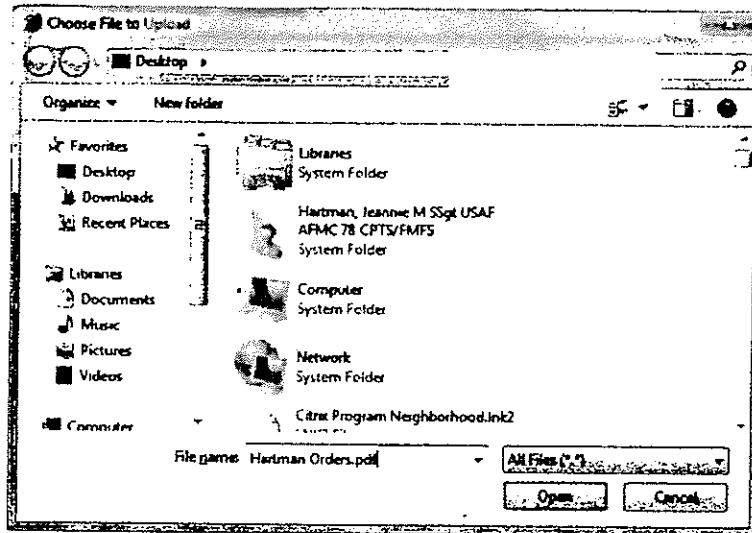
LEAVEWEB

Add Remark

Remarks: [Text Area]

Upload: [Button] [Magnifying Glass Icon]

Choose your document and click **Open**.



Type in remarks and click **Add Remark**.

Add Remark

Remarks: Orders attached

Upload: C:\Users\jeannie.hartman\...

You have no attached your orders.

LEAVEWEB

View Leave Request

Request Information		Request History - Add remark/attachment
Type	A - Ordinary	Requested
Status	Cancelled	26 Feb 2013 13:07 EST
Leave #	Leave Not Authorized	Staff Sergeant Jeannie Hartman
Member	497 9392	jeannie.hartman@us.af.mil
Leave Balance	Balance ETS Use/Lose	497-9392
(at time of request)	30.5 115.5 0.0	Remark - [X]
		14 Mar 2013 15:13 EST
		Staff Sergeant Jeannie Hartman
		jeannie.hartman@us.af.mil
		497-9392